텔 유럽.	
Mr. Anthony Vone Caibs	
No. HX-8170	
SCI @ phoenix	FIIE
P.O Box 244	sc#Affon
Callegeville, La 19426-0244	UCT 05 2020
9-30-20	PER AND
	PER DEPUTY CLERK
Peter Welsh 3:1	18CV 1120
Clak	
	0. 10
William J. Weelon Federal Blog & U.S. (	DWANDME
235 North Washington Are	
9-0. Box 1148	
Scranton, fa 18501-1148	
	Medical beach offert for come in Low of Registion to Verity
Den Sir:	
Enclosed is the above referenced, regulated	from the paper persons later with numbers for ye
to call. I look forward to hearing from you	
Lapertonly	
anthy Von Carl	
Anthony Vone City	
01.66	
Eacle 6 - mi	
Po	

Form DC-135A	Commonwealth of Pennsylvania
INMATE'S REQUEST TO STAFF MEMBER	Department of Corrections
INMATE 3 REQUEST TO STAFF MEMBER	INSTRUCTIONS
	Complete items number 1-8, If you follow instructions in
	preparing your request, it can be responded to more promptly and intelligently.
1. To: (Name and Title of Officer)	2. Date: 0/10/
Modical focus of Supervisor	9/10/20
3. By: (Print Inmate Name and Number)	4. Counselor's Name:
Anthony Vone Caily No.	
0 H 10 0 A	5. Unit Manager's Name:
Mylan Vall Cach	Ms aivari
Inmate Signature	, •
6. Work Assignment:	7. Housing Assignment:
GLP .	GAPONI COLL
8. Subject: State your request completely but briefly. Giv	e details.
To Whomit May concern:	
	11816 200100
I would like to send a copy of us Me	
the One form Munice County recked by Wan to	resicio fermer Medical records supervisos antons
frem to	
Veter J. Well L	The Backman Esquire Paticias. Dodszuweil
WILL CONTRACTOR	Clock Clark
Middle District of fe US	District Court this desired and of Agrah
ARRONAL STATE OF THE STATE OF T	Necket ) + 601 Marker St O. 19106 Phila, De 19106
Edward By me Febru Blbs & U.S. Courthorse Phil	De 19106 Phila, de 19106 Nuck you have a wonderful day!
235 North Waybungton Ave	Then gen paye is wone my day
Scranton for 18501 Forms Enclosed!	Enclosed is a cost slip for each
Silania to 18 101 / ans to the days	Die Dieter Da (an Stip for Egen
	grow 150 gg, Harryon C file
9. Response: (This Section for Staff Response Only)	and the second s
12	,
To DC-14 CAR only □	To DC-14 CAR and DC-15 IRS
	DATE
STAFF MEMBER NAMEPrint	DATE Signature

DC-108 Revised 12/07

## PENNSYLVANIA DEPARTMENT OF CORRECTIONS AUTHORIZATION FOR RELEASE OF INFORMATION (THE EMPLOYEE/INMATE SHALL COMPLETE, CHECK, AND INITIAL ALL BOXES THAT APPLY)

			<u> </u>	
Name (print)	inmate/Employee #	Date of Birth	Inmate Social Security #	
111	HX-8170	9-24-75	084-58-2171	
7 (CE) 1 (CE) 1 (CE)		Alcohol HIV	Records	
Records	Records - Treatment	t Records Information	ı (General);	
I, the undersigned, hereby give me (name and address of facility/res Anthony Vone Caiby 100 HX of SCT Property Medical Leader State Property Medical Leader State Calegorials for 19426 - or the Interest authorize the above nar records/information being requested	ny consent for:  ponder)  ponder)  ponder  ponder  med source to release or disclose info  ster during the period beginning  is:we disclose for medical period.	To release informa  (name and address of requirements of requirements of requirements of requirements of requirements of records of records of records of records of records of related to the above records of requirements of records of requirements of records of requirements of records of requirements of records	ation to: ester) Verk Vil 15 N. (12) Mingling Ave 148 148 1450 1460 1460	
Litisation	Application in the second seco	ior discount of the second second		
FITTER S			•	
and psychiatric information, drug Syndrome (AIDS) and tests or tro	rmation may contain all aspects of π and/or alcohol information, as well a eatment for Human Immunodeficiend ords pertains to treatment, hospitaliz	as information regarding Acquir cy Virus (HIV). cation, and/or outpatient care pi	ed Immunodeficiency rovided to me for the period	
listed above. I understand that mincluding psychological and psychological and psychological and psychological psychological and psychological and psychological psycholog	ny record may contain information reschiatric information, drug and/or alcolubs) and tests or treatment for Huma dis expire in 180 days.	garding all aspects of my tream hol information as well as informan an Immunodeficiency Virus (HIV e patient has had a test for HIV	nent and nospitalization, nation regarding Acquired /). Authorizations for /, an HIV related illness or	
AIDS. HIV (Human Immunodefic	iency Virus) is the virus that may cau	use or indicate AIDS or HIV info	ection.	
inmate to the Department of Cor	n is information contained in an inma rections and responses thereto, miso	conducts, and gnevances.		
In authorizing this disclosure, I explicitly waive any and all rights I may have to the confidential maintenance of these records, including any such rights that exist under local, state, and federal statutory and/or constitutional law, rule or order, including those contained in the Pennsylvania Mental Health Procedures Act, (MHPA) 50 P.S. §7101 et seq., the Drug and Alcohol Abuse Control Act, 71 P.S. §1690.101 et seq. and the Confidentially of HIV-Related Information Act, 35 P.S. §7601 et seq.				
I understand that I have no obligation to permit disclosure of any information from my record and that I may revoke this authorization, except to the extent that action has already been taken, at any time by notifying the Medical Records Director/Technician, Health Care Administrator, or Facility Manager. In any event, this authorization will expire 180 days after the date signed, unless revoked prior to that time.				
I understand that these records are the property of the Department of Corrections and that my authorization for their release does not require the Department of Corrections to release these records. It is understood by the above requester that if the requested information's confidentiality is protected by Federal Regulations that bar secondary dissemination or re-disclosure,				
the providing facility will provide	a statement to that effect.			
Furthermore, I will indemnify and any losses, costs, damages, or o	d hold harmless the Pennsylvania De expenses incurred because of releas இ/இ/20	epartment of Corrections, and it ing information in accordance	s employees and agents, for with this authorization.	
Employee/Inmate Signature	Date Signa	ature of Witness	Date	
White Copy – Responder	Yellow Copy - Reques	ster Pink Co	py - Inmate	

DC-108 Revised 12/07

## PENNSYLVANIA DEPARTMENT OF CORRECTIONS AUTHORIZATION FOR RELEASE OF INFORMATION (THE EMPLOYEE/INMATE SHALL COMPLETE, CHECK, AND INITIAL ALL BOXES THAT APPLY)

Name (print)	inmate/Employee #	Date of Birth	Inmate Social Security #
11		6-211-7-	M81-60-2/21
Anthony Vone Caiby	412-8170	9-24-75	084-58-2171
	Mental Health Drug &	Alcohol HIV	Records
Records	Records - Treatmen		n (General)
/ (COO) (CO	James 1	apart AND CONTROL OF THE CONTROL OF	
		To release informa	ation to
I, the undersigned, hereby give m	y consent ioi.	(name and address of regu	
(name and address of facility/res	onder)	Padricia S. Do.	Jeuneil.
Anthony Vore Carlos No. +1x-8170	-	Cleck	
St shoein Nedle Levels Superior	<del>*************************************</del>		posses but Market ut
PO BOX 244 SCH Plania	THE COLUMN WAS A CANADA COLUMN ASSESSMENT AS	Phik delphia Pa	
Collegenthe de 194210 .	* •		
the shows name	ned source to release or disclose inf	ormation related to the above r	eferenced
	ter during the period beginning	リー/~/か and ending ファム	4-20
The information being requested	is: Madical records from Sive-ca	Ils and all other treatment	
The mountaion pend redeeme	the state of the s	•	
	. Authorization	for disclosure is being given for	r the purpose of:
1, Figetion			
100			
April 4		* *	
Disclosure of medical/dental info	mation may contain all aspects of n	ny treatment and hospitalization	n, including psychological
and insychiatric information, drug	and/or alcohol information, as well	as information regarding Acquir	ed Immunodeficiency
Syndrome (AIDS) and tests or tre	ealment for Human Immunodeficien	cy Virus (HIV).	· .
Disclosure for mental health reco	ords pertains to treatment,, hospitaliz	zation, and/or outpatient care p	rovided to me for the period
Saled above I understand that m	y record may contain information re	carding all aspects of my treat	nent and nospitalization,
imply disc povehological and peve	histric information, drug and/or alco	hol information as well as infor	mation regarding Acquired
Immunodeficiency Syndrome (Al	DS) and tests or treatment for Hum:	an Immunodeficiency Virus (Hľ	<ul><li>✓). Authorizations for</li></ul>
release of mental health record	is expire in 180 days. 🧼	•	
. ***			
Disclosure of HIV related informa	ation is information about whether th	e patient has had a test for HIV	, an HIV related liness or
AIDS. HIV (Human Immunodefic	iency Virus) is the virus that may ca	nse ot ludicate VID2 of HIA IUI	action.
		The DC dE Comments and and	more minutioner from the
Disclosure of general information	is information contained in an inma	nes po-15. Generally, any con-	mildincadoris nom de
inmate to the Department of Con	rections and responses thereto, mis	conducts, and grievances.	
	والمنطون المراجع والمساور والمساور	w have to the confidential mair	tenance of these records
In authorizing this disclosure, I ex	xplicitly waive any and all rights I ma st under local, state, and federal sta	ay have to the contributional law	nule or order including
including any such rights that ext	st under local, state, and lederal sta ania Mental Health Procedures-Act,	(MILIDA) 50 D S 57101 at sec	the Drug and Alcohol
those contained in the Pennsylva	o.101 et seq. and the Confidentially	of HtV-Related Information Ac	t 35 P.S. 67601 et sen.
Abuse Control Act, 71 P.S. 9169	U.101 et seq. and the Confidentially	Of the - tesaced intollitization the	c, 55 1 10: 31 55 1 55 554.
with the state of	ation to permit disclosure of any info	ometion from my record and th	at I may revoke this
Understand that I have no oblig-	nt that action has already been take	n at any time by notifying the N	Aedical Records
authorization, except to the exter	Administrator, or Facility Manager.	In any event this authorization	will expire 180 days after
the date signed, unless revoked	nior to that fine	He many overly and comments	
the date signed, unless revoked	prior to tractarie.		•
1	are the property of the Department of	of Corrections and that my auth	orization for their release
does not require the Department	of Corrections to release these rec	ords. It is understood by the ab	ove requester that if the
does not require use Department	tiality is protected by Federal Regul	ations that bar secondary disse	emination or re-disclosure,
the providing facility will provide	a statement to that effect.		•
• • • • • • • • • • • • • • • • • • • •			
European I will indemnify and	hold harmless the Pennsylvania Do	epartment of Corrections, and i	ts employees and agents, for
anylosses costs damages of 6	expenses incurred because of release	sing information in accordance	with this authorization.
	0.1.	•	
. anthon Vone Cath.	9/30/20		
Employee/Inmate Signature	Date Sign	ature of Witness	Date
		· · · · · · · · · · · · · · · · · · ·	
White Copy - Responder	Yellow Copy – Reque	ster Pink Co	py - Inmate

DC-108 Revised 12/07

## PENNSYLVANIA DEPARTMENT OF CORRECTIONS AUTHORIZATION FOR RELEASE OF INFORMATION NMATE SHALL COMPLETE, CHECK, AND INITIAL ALL BOXES THAT APPLY)

(IUC Estate	LUI EEMANAIL GI MLL GOMI LL			
Name (print) Inmate/Employee #		Date of Birth	Inmate Social Security #	
Name (print) Anthony Vone Calby	HX-8170	9-24-70	084-58-2/7/	
Medical/Dental Records	Mental Health Drug &	Alcohol HIV nt Records Informatio	Records Records (General);	
I, the undersigned, hereby give (name and address of facility/re. And on you (old HX 8/78) POBER 244 (aller ville for Industry of Sex Phoenix Medical Recorded for Bay 244 Sex Phoenix Culleges	sponder) SCL Prunix 6-0244 Uporriur No, on 1946	Phikokfoh	nester) m, Esquine Court 610 Market Ut 2, Pz 19106	
records/information to the reque	med source to release or disclose in ester during the period beginning d is: <u>Medical record, arct—coller</u>	9 - / - / and ending / 2	referenced 4-20	
Litisotion	Authorization	i for disclosure is being given fo	r the purpose of:	
and psychiatric information, dru- Syndrome (AIDS) and tests or t	ormation may contain all aspects of g and/or alcohol information, as well reatment for Human Immunodeficier	as information regarding Acqui ncy Virus (HIV).	rea immunodenciency	
listed above. I understand that including psychological and psy Immunodeficiency Syndrome (A release of mental health reco		egarding all aspects of my treat ohol information as well as infor nan Immunodeficiency Virus (HI	ment and nospitalization, mation regarding Acquired V). Authorizations for	
Disclosure of HIV related inform AIDS. HIV (Human Immunodefi	nation is information about whether the ciency Virus) is the virus that may ca	he patient has had a test for HIV ause or indicate AIDS or HIV in	/, an HIV related illness or lection.	
Disclosure of general information inmate to the Department of Co	on is information contained in an inm rrections and responses thereto, mis	ate's DC-15. Generally, any cor sconducts, and grievances.	mmunications from the	
including any such rights that ex	explicitly waive any and all rights I m xist under local, state, and federal st vania Mental Health Procedures Act, 90.101 et seq. and the Confidentiali	atutory and/or constitutional law (MHPA) 50 P.S. §7101 et seg	/, rule or order, including ., the Drug and Alcohol	
I understand that I have no obligation to permit disclosure of any information from my record and that I may revoke this authorization, except to the extent that action has already been taken, at any time by notifying the Medical Records Director/Technician, Health Care Administrator, or Facility Manager. In any event, this authorization will expire 180 days after the date signed, unless revoked prior to that time.				
does not may like the Denortmen	are the property of the Department at of Corrections to release these re- intiality is protected by Federal Regu	cords. It is understood by the at	ove requester that if the	
the providing facility will provide	e a statement to that effect.			
Furthermore, I will indemnify are any losses, costs, damages, or authors are authorized.	ad hold harmless the Pennsylvania D expenses incurred because of release $9/39/20$	sing information in accordance	with this authorization.	
Employee/Inmate Signature	Date / Sign	nature of Witness	Date	
White Copy - Responder	Yellow Copy - Reque	ester Pink Co	ppy - Inmate	

## **Important Facts**

- 1. SCI Graterford Survailance Video No. 91-16-7-11-18 Anthony Vone Caiby No. HX-8170
- 1. E-Blk A2-41, cell 2. A blk A-2-41 cell, 3 D Blk B-1-12 cell, 4. D Blk B-1-81 cell

Video No. 778321489-9-116-7-11-18.

2. Incident of 9-29-17 survailance at 3;01 A.M. EDT Video No. **7783921486-9-30-17**, in Retalitory Response to a letter dropped in the SCI Graterford mail box to the O.S.S.I. (Office of Straegic Intelligence, and investigation)

Suffered a deep laceration to the webbing of my left finger between the index, and the middle finger, and a deep laceration under my left eye went to work in the New-side law library coworkers, and other staff wittnessed me injured yet this was not reported, went tosick-call given neosporin, DR. asked how i got cut? "long story"

Teflon Tape No. 7783924183-9-29-17-9-30-17 SCI Graterford D-blk, & whole prison transcribed; and communiques & video email @ 7739244862,

Sattilite video No. 778392186-9-29-17-9-30-17,

Sattilite battlefeild wound scans assessment No. 77839421876321-9-29-17-9-20-17

All @ 7789321962184-7-5-12-present

Medical file No. 778392187-9-1-16-present

SCI Phoenix Videos No. 77837218321-7-11-18-present

Battlefeild wound assessments Nos. 778321876321-9-1-16-present

Video of Every State, & Federal Prison, and County jail within the Commonwealth of Pennsylvania. Inmates, and employees 77994938732184921164-9-1-07-present

Pa. DOC 649 Scans No. 68321921084-9-1-16-present, 778932186-9-1-16-present

Investigative File No. 77839219346-7-5-12-present

I, was cut by cellmate Hasan Hill No. LX-0009, I went on two visits where my family witnessed me cut 10-5-17, & 10-6-17, family members mother Ruth D. Caiby, Devon Vone Caiby, & Sandell T. Dingle, as seen on Pa. DOC video No. 778321474-10-5-17, &, 77832575-10-6-17 SCI Graterford visiting room Sgt. Carter, and others present both visits. Wittnessed the injuries, and we took pictures that I, submitted as exhibits in law suits, which were mentioned in Judicial Opnions. (19-2414 Caiby V. Ferguson et al.)

Sattilite video No. 774321876324-6-4-17-present

ID Scans No. 792-792-10-5-17, & 784-787-10-6-17

Log-book entry No.709-10-5-17,& Log book entry No. 710-10-6-17 and 684-9-24-75, Cut by cellmate hasan Hill NO. LG0009, in the early morng hours of 9-29-17-9-30-17,

PNC Check No. 79496-6-3-17

PNC Check No. 76384-4-8-17

PNC Check No. 773924-3-8-17

PNC Check No. 778624-3-1-17

